

BOARD FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS

2535 Capitol Oaks Drive, Suite 300, Sacramento, CA 95833-2944 (916) 263-2222 Facsimile: (916) 263-2246 www.dca.ca.gov/pels



STRUCTURAL ENGINEER ENGAGEMENT RECORD AND REFERENCE FORM

This form must be submitted for each engagement claimed as qualifying experience. "SEE ATTACHED" and Resumes are

not accepta	able in lieu of this form. 7	This form must l	be typed or it w	vill be returned	to the ap	plicant.		
This form is	due in the Board Office Po	stmarked by the I	Final Filing Date	of		<u>—</u>		
Failure to ret	urn a complete application	by the final filing	date will result in	n the Applicant i	not being e	ligible to take the o	current examination.	
	PART	A - MUST BE	TYPED AND	COMPLETED	BY APPL	ICANT		
1. NAME: La	st	First			Middle			
2. Street Add	tress	State			Zip Code	Country		
,			one, with Area Code and Extension					
3. Date of Bi	rth(mm/dd/yy): / /	Home	Home: Business:					
ENGAGE MENT	DATES (mo/day/year)							
NO.			months					
		QUALIFYING EXPERIENCE**		APPLICANT TITLE SUPERVISOR'S NAME				
	From:	QO/ILII TIIVO L/V			TO NAME			
				SUPERVISOR'S	S PHONE N	MBER		
	To:		months	()				
	is other than the person wen as your reference for this	s engagement. Se	ee Engagement					
	rker Client Ot DF ENGAGEMENT: You mus	her (indicate rela		aible on this form	hoforo unino	additional abouts 1	(Sac attached" in this	
** Qualifying e structures. Qu	experience claimed for this Engualifying experience also include	gagement is defined des professional lev	d as acceptable provel employment pe	ofessional practice	e in structura	al engineering for bui	ldings or other	
agreement wit	der the immediate supervision h the State of California.	of a structural engi	neer licensed in th	is state or a struct	tural enginee	er licensed in a state	that has a comity	
Signature of Applicant					Date		Year_	
Optional: e-	mail address							

(PART)	B OF THIS FORM DOES	<u>NOT</u> NEED TO E	BE TYPED)				
You, as the reference, may request additional the Internet at http://www.dca.ca.gov/pels). Ye envelope provided by the applicant.			ncluding the Board's licensing requirements (on nd return this form to the applicant in the				
NAME:		CE NO.:	STATE:				
ADDRESS:		DATE EXPIRES:					
<u> </u>		SE NO.:					
		DATE OF INITIAL LICENSURE:					
WORK PHONE NO.: ()		DATE EXPIRES:					
Your job title at the time you supervised/knew							
Your current job title and company affiliation:							
1. Do you agree with the applicant's qualifying structural engineering work for the period claimed? If NO, please explain in REMARKS section. Yes No*							
2. Does the information presented in the Sum If NO, please explain in REMARKS section.	mary of Engagement on F	art A of this form	accurately reflect the applicant's experience? Yes No*				
3. Have you personally observed the applicant	ts work?	☐ No* If NO, p	olease explain in REMARKS section.				
4. Are you related to Applicant by blood, marri-	age or adoption?	Yes* If YES, plea	se explain in REMARKS section.				
5. From PERSONAL KNOWLEDGE I verify th structural design or plan checking experience <u>ACTIVITY</u>		propriate	PLEASE AFFIX YOUR STRUCTURAL ENGINEERING SEAL BELOW:				
a. Common Construction Materials: WOOD STEEL MASONRY CONCRETE b. Lateral Forces: WIND SEISMIC c. Framing Systems d. Foundation Systems							
e. Application of Building Codes							

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE PERSONAL KNOWLEDGE OF THE APPLICANTS WORK AND THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF REFERENCE	DATE

^{*} REMARKS: (Continue on additional sheets if needed)